FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9647		2. Fiscal Year Covered From:
,		1/1/2004 Through: $12/31/2004$
. Name and address of person filin	ıg.	4. Name, file number, and address of labor organization.
Name Barbara J Cleckner		Name UFCW Local 99
		Labor Organization File Number 002-911
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 10316 W Cameo Dr		Street 2401 N Central Ave 2nd Flr
City Sun City		City Phoenix
State AZ	ZIP Code + 4 85351	State AZ ZIP Code + 4 85.004
Enter appropriate data below if,	during the past fiscal year, you or your spou (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
Enter appropriate data below If,	during the past fiscal year, you or your spou	use or minor child directly or indirectly had any of the following interests
Enter appropriate data below if, Held an interest in, engaged in one tary value from an employ Name and address of Employer (i	during the past fiscal year, you or your spou (except as specified in the exclu- n transactions (including loans) with, or over whose employees your organization	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, Held an interest in, engaged in one tary value from an employ Name and address of Employer (in Southwest Ser	during the past fiscal year, you or your spou (except as specified in the exclu- n transactions (including loans) with, or over whose employees your organization including trade name, if any).	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99
Enter appropriate data below if, Held an interest in, engaged in conetary value from an employ Name and address of Employer (in the Southwest Ser	during the past fiscal year, you or your spou (except as specified in the exclu- n transactions (including loans) with, or over whose employees your organization	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate
Enter appropriate data below if, Held an interest in, engaged in nonetary value from an employ Name and address of Employer (in Name Southwest Ser	during the past fiscal year, you or your spou (except as specified in the exclu- n transactions (including loans) with, or over whose employees your organization including trade name, if any). CVICE Administrators	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99
Enter appropriate data below if, Held an interest in, engaged in nonetary value from an employ. Name and address of Employer (in Name Southwest Ser Trade Name, if any: P.O. Box, Bldg., Room No., if any	during the past fiscal year, you or your spou (except as specified in the exclu- n transactions (including loans) with, or or yer whose employees your organization including trade name, if any).	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99 Charity.
Enter appropriate data below if, Held an interest in, engaged in nonetary value from an employ. Name and address of Employer (in Name Southwest Serror Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlar City Phoenix	during the past fiscal year, you or your spou (except as specified in the exclusion transactions (including loans) with, or cyer whose employees your organization including trade name, if any). CVICE Administrators	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99 Charity.
Enter appropriate data below if, Held an interest in, engaged in nonetary value from an employ. Name and address of Employer (in Name Southwest Serrorade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlar City Phoenix State AZ	during the past fiscal year, you or your spou (except as specified in the exclusion transactions (including loans) with, or cyer whose employees your organization including trade name, if any). Cvice Administrators ZIP Code + 4 85021	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99 Charity. 7.b. Amount. \$7.7.00
Enter appropriate data below if, Held an interest in, engaged in nonetary value from an employ Name and address of Employer (in Name Southwest Ser Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlar City Phoenix State AZ 15. Signature and verification. submitted in this report (including undersioned's knowledge and below the propert of the submitted of the propert of the submitted of the propert of the prope	during the past fiscal year, you or your spou (except as specified in the exclusion transactions (including loans) with, or eyer whose employees your organization including trade name, if any). CVICE Administrators ZIP Code + 4 85021 Sign:	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99 Charity. 7.b. Amount. \$7.b. Amount.
Enter appropriate data below if, I. Held an interest in, engaged in nonetary value from an employ I. Name and address of Employer (in the second se	during the past fiscal year, you or your spou (except as specified in the exclusion transactions (including loans) with, or eyer whose employees your organization including trade name, if any). CVICE Administrators ZIP Code + 4 85021 Sign: The undersigned declares, under penalty of the information contained in any accompany	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 12/2004 Holiday Gift Certificate donated back to Local 99 Charity. 7.b. Amount. \$7.b. Amount.

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

E READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
Security and a security of the	/ Through:/
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name Southwest Service Administrators	12/2/04
Trade Name, if any:	New Orleans Palace Cafe
P.O. Box, Bidg., Room No., if any	7.b. Amount.
P.O. Box, Bidg., Room No., if any Street 2400 W Dunlap	7.b. Amount.
	7.b. Amount. \$97.00
Street 2400 W Dunlap	
Street 2400 W Dunlap City Phoenix State AZ ZIP Code + 4 85021	\$97.00
Street 2400 W Dunlap City Phoenix State AZ ZIP Code + 4 85021 Signature and verification. The undersigned declares, under genalty	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

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P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization,	La construe de la con
V. F GOMOTE III IGGOT OTGGEREZATOR)	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Southwest Service Administrators	12/3/04
Trade Name, if any:	New Orleans Paddlewheel
P.O. Box, Bldg., Room No., if any	
Street 2400 W Dunlap	7.b. Amount.
ZAUU W DIIN Jan	
City Phoenix	\$64.00
	\$64.00
City Phoenix State AZ ZIP Code + 4 85021	\$64.00
City Phoenix State AZ ZIP Code + 4 85021	pature Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
City Phoenix State AZ ZIP Code + 4 85021 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	pature Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

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1. File Number U -	2. Fiscal Year Covered From:			
\$	Through:			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name	Name			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street	Street			
City	City			
State ZIP Code + 4	State ZIP Code + 4			
5. Position in labor organization.	Support of the contract of the			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	sions set forth in the instructions): derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Southwest Service Administrators	Spouse: William Cleckner			
Trade Name, if any:	12/2/04 New Orleans Palace Cafe			
P.O. Box, Bldg., Room No., if any				
And the second s	7.b. Amount.			
Street 2400 W Dunlap				
City Phoenix	\$.9700			
State AZ ZIP Code + 4 85021				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On			
	Date Telephone Number			

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1. File Number 0 -	generally by generally generally by generally
	Through:
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo	ise or minor child directly or indirectly had any of the following Interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	
monetary value from an employer whose employees your organizati	
	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
	7.a. Nature of Interest, Transaction, or Income. Spouse: William Cleckner
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Southwest Service Administrators Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. Spouse: William Cleckner
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6. Name and address of Employer (including trade name, if any). Name Southwest Service Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlap City Phoenix,	7.a. Nature of Interest, Transaction, or Income. Spouse: William Cleckner 12/3/04 New Orleans Paddlewheel
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6. Name and address of Employer (including trade name, if any). Name Southwest Service Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlap City Phoenix, State AZ	7.a. Nature of Interest, Transaction, or Income. Spouse: William Cleckner 12/3/04 New Orleans Paddlewheel 7.b. Amount. \$64.00 ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
6. Name and address of Employer (including trade name, if any). Name Southwest Service Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 W Dunlap City Phoenix, State AZ ZIP Code +4 85021 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. Spouse: William Cleckner 12/3/04 New Orleans Paddlewheel 7.b. Amount. \$64.00 ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the